

# POULTRY DELIVERY INVOICE

**Trucking Company Name**

Address Line 1

Phone: (555) 000-0000

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Truck ID:** \_\_\_\_\_

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**SHIPPER / FARM ORIGIN**

**CONSIGNEE / DELIVERY DESTINATION**

**LOADING DETAILS**

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

**TRANSPORTATION DETAILS**

Driver Name: \_\_\_\_\_

Temp. Setting: \_\_\_\_\_

Description (Species/Type)	Crate Count	Bird Count	Weight (Live)	Rate	Total

Description (Species/Type)	Crate Count	Bird Count	Weight (Live)	Rate	Total

Fuel Surcharge: \$ \_\_\_\_\_

Washout Fee: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**NOTES / DOA COUNT:**

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
RECEIVER SIGNATURE

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Terms: Net 30 Days. Please make checks payable to: Trucking Company Name